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FIRST NAMED INVENTOR

William Stuchlik

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

FILING DATE

07/21/2000

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APPLICATION NO.

09/621.034

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07/26/2002

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TITLE OF INVENTION: BRUSH HEAD POSITIONING SYSTEM APPLN. TYPE **ISSUE FEE** SMALL ENTITY **PUBLICATION FEE TOTAL FEE(S) DUE** DATE DUE nonprovisional NO \$1280 \$1280 10/28/2002 **EXAMINER** ART UNIT CLASS-SUBCLASS TILL, TERRENCE R 1744 015-049100 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Blackwell Sanders Peper or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Martin LLP single firm (having as a member a registered attorney or agent) and the names of up to 2 Q "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Alto U.S. Inc. Chesterfield, Missouri Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. XXIssue Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee 2) The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0160 (enclose an extra copy of this form). Advance Order - # of Copies

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